

# Army Emergency Relief Packet

NAME_____	DATE_____
SSN_____	UNIT_____
DOB_____	Phone Number_____

## ***ALL APPLICANTS MUST FURNISH THE FOLLOWING:***

- \_\_\_\_ 1) DA 1103 Request for Assistance: (To be completed and signed by requester and Unit Commander or 1SG.)
- \_\_\_\_ 2) Completed Financial Analysis Work Sheet:
- \_\_\_\_ 3) Copy of Military ID Card **BOTH** front and back
- \_\_\_\_ 4) Copy of current End of Month LES
- \_\_\_\_ 5) Copy of Spouse's Income (one months worth of gross and net pay) (if applicable)
- \_\_\_\_ 6) Copy of Power of Attorney if spouse of a Service Member (must bring original)

## ***ALSO, THE FOLLOWING DOCUMENTS AS APPLICABLE:***

### **EMERGENCY TRAVEL OR MEDICAL TRAVEL**

- \_\_\_\_ 1) Copy of Travel Orders DA Form 31, memorandum authorizing dependent travel, or DD 1610 (TDY Orders).
- \_\_\_\_ 2) Itinerary with a quote (faxed to 353-9095 or 353-4236).
- \_\_\_\_ 3) Have contacted Finance FIRST to verify that an advance cannot be completed before travel date:  
Finance comments: \_\_\_\_\_
- \_\_\_\_ 4) Invitational Travel Orders if available

### **FOOD**

- \_\_\_\_ 1) Comments from 1SG or Commander
- \_\_\_\_ 2) Documentation of any Public Assistance

### **VEHICLE REPAIRS OR INSURANCE**

- \_\_\_\_ 1) Copy of Vehicle Registration, Insurance, and Driver's License **AND**:
  - \_\_\_\_ a) Copy of Repair Estimate Quotes (if applicable)
  - \_\_\_\_ b) Copy of Insurance Cancellation Notice and Quotes for new policy (if applicable)
  - \_\_\_\_ c) Copy of Vehicle Repossession Notice (if applicable)
- \_\_\_\_ 2) Comments from 1SG or Commander verifying primary vehicle in household written on DA Form 1103, block 18 (Remarks).

### **RENT OR UTILITIES**

- \_\_\_\_ 1) Initial Rent and Deposit requires:
  - \_\_\_\_ a) Copy of Pre-Lease, Lease, or Eviction Notice
  - \_\_\_\_ b) Copy of Utility Bill Deposit, or Disconnection Notice

\* For other types of assistance please ask what documentation will be required.

**ARMY EMERGENCY RELIEF OFFICE: 353-7453**

**Cell: 590-2036**

**FAX: 353-4200**

Have you ever been enrolled in a Financial Management Program? YES NO

Spouse's Name\_\_\_\_\_ Age\_\_\_\_\_

Length of Marriage\_\_\_\_\_

Place of Employment\_\_\_\_\_

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### PRIVACY ACT STATEMENT

Authorization for solicitation of the Information: Title 10, USC, Section 3012

A. Principal Purpose: To provide budget counseling, debt liquidation and financial management planning services.

B. Routine Uses: To provide - (1) A statement of understanding, authorization and agreement to participate in and receive assistance counseling services; (2) Listing of financial liabilities and resources; (3) Authorization for credit bureau assistance; (4) Payment schedule; (5) Personal budget plan; (6) Annual assessment of accumulated resources; and (7) Personal record of vital documents. Is also used to provide financial liabilities and assets, payment schedules, personal budget plans, and other similar information to credit bureaus, finance or loan agencies, department stores, other commercial businesses, and other military and civilian counseling agencies in order to plan debt liquidation services. Social Security Number (SSN) is used for identification and individual record keeping purposes only.

C. Mandatory or voluntary disclosure of information: Disclosure of this information is voluntary. Not providing all or part of the information required will prevent you and/or your dependents from receiving effective budget counseling for debt liquidation and financial management planning services.

I hereby give my permission for the information concerning my case to be used by the authorized worker(s) at AER/ACS in helping me.

Signature\_\_\_\_\_Date\_\_\_\_\_

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Counselor Comments:

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AER FINANCIAL ANALYSIS WORKSHEET		
Name _____ Rank _____ Unit _____		
Home Address _____		
Home Phone _____ Work Phone _____		
Marital Status _____ Number of Children _____ Ages _____		
Arrival Date: _____ Do You Receive Any Of The Following:		
Food Stamps: Yes / No      WIC: Yes / No      Child Care Assistance: Yes / No		
<b>A. INCOME</b>		OFFICE USE ONLY
BASE PAY		
BAS		
BAH		
HFP/ IDP		
COLA		
SAVE PAY (FSSA)		
FLIGHT PAY		
JUMP PAY		
SPOUSE (NET) INCOME		
OTHER INCOME		
<b>A. TOTAL</b> (add all income)		
<b>B. DEDUCTIONS &amp; ALLOTMENTS FROM LES</b>		
FEDERAL TAXES		
FICA TAXES		
MEDICARE		
STATE TAXES		
SGLI (Self & Family)		
CHILD SUPPORT (Paid Out)		
DENTAL		
MGIB		
U.S. DEBT		
ADVANCE PAYS		
AFRH		
ALLOTMENT (POV Payment)		
ALLOTMENT (Rent)		
ALLOTMENT		
ALLOTMENT		
OTHER		
<b>B. TOTAL</b> (add deductions & allotments)		
<b>NET INCOME (A MINUS B)</b>		

A. FLEXIBLE EXPENSES		OFFICE USE ONLY	
FOOD			
UTILITIES (including heating fuel)			
LONG DISTANCE			
CABLE / INTERNET			
GASOLINE			
HAIRCUTS			
ENTERTAINMENT			
ALLOWANCE			
CLOTHING			
DRY CLEANING			
PET EXPENSES			
SUBSCRIPTIONS			
CELL PHONE			
ALCOHOL / TOBACCO PRODUCTS			
<b>A. TOTAL</b> (add all Flexible Expenses)			
<b>B. FIXED EXPENSES</b> (If on first page do not repeat)			
RENT OR MORTGAGE			
RENTERS INSURANCE			
CHILD CARE			
POV PAYMENT			
POV INSURANCE			
CHILD SUPPORT			
SAVINGS			
LOCAL PHONE SERVICE			
OTHER			
<b>B. TOTAL</b> (add all Fixed Expenses)			
<b>C. CREDIT DEBT</b>			
CREDITOR	PAYMENT		BALANCE OWED
DPP AND/OR UCDPP (STAR CARD)			
CREDIT CARD			
CREDIT CARD			
CREDIT CARD			
<b>C. TOTAL</b> (add all Credit Debt)			
<b>NET INCOME</b> (From Page 1)		REVIEWER INITIALS: _____	
<b>TOTAL EXPENSES</b> (A+B+C)			
<b>SURPLUS OR DEFICIT</b> (Net Income minus Total Expenses)			